



John J. Barthelmes  
*Commissioner*

# State of New Hampshire

## Department of Safety

Division of Fire Standards and Training and Emergency Medical Services  
Richard M. Flynn Fire Academy  
98 Smokey Bear Blvd., Concord, New Hampshire  
Mailing Address: 33 Hazen Drive, Concord, New Hampshire 03305-0002



Richard A. Mason  
*Director*

### MEMORANDUM

**TO:** NH EMS Heads of Unit

**FROM:** Vicki Blanchard, ALS Coordinator  
Doug McVicar, MD, Chair, NH EMS Medical Control Board

**RE:** Online Medical Control orders outside of protocol and medicated assisted intubation

**DATE:** March 23, 2009

---

On behalf of the Department of Safety, Division of Fire Standards and Training and Emergency Medical Services (FS&TEMS), we would like to thank you for your continued service to New Hampshire's residents and visitors. We are taking the time today to contact each Head of each EMS Unit to clarify an important decision made by the Medical Control Board (MCB) regarding medication assisted intubation (MAI), and to advise on the broader issue of practicing EMS beyond the limits of the established NH protocols.

In September 2006, the MCB voted that medication assisted intubation (MAI) – which has never been allowed in NH EMS protocols – was “not a prehospital option at this time.”

Some of the reasons for the September 2006 decision included:

- Concerns about aspiration
- Acknowledgement that when endotracheal intubation is not possible, New Hampshire protocols provide a number of alternative airways; and basic airway management if properly performed is also a standard of care that can keep a patient alive in difficult circumstances.
- Concern that the need to sedate “awake” patients to make them more “sleepy” would suggest they are probably awake enough to not need to be intubated in the first place.

In 2007 we conducted an audit and found four cases of MAI. At that time we published an EMS bulletin reminding the EMS community that MAI was not allowed in prehospital practice in NH. This decision was posted on the FST & EMS, Bureau of EMS website. Notification of the posting was made via minutes, EMS Unit Reports and the list-serve. Since the publication of the bulletin six more cases of MAI have been discovered.

Certain members of the EMS community asked the MCB to reconsider its decision prohibiting MAI. Therefore that decision was resubmitted at the November 2008 MCB meeting, and fully discussed in the light of more cases available for analysis since the original decision. The Board unanimously confirmed its original decision that MAI is not a prehospital option.

Ongoing analysis of MAI procedures performed by NH EMS providers show that, fortunately, numbers are very small. However it is of concern to the MCB that in two cases it appears that local medical control granted a request by EMS providers to perform MAI. The concern here goes far beyond just the issue of MAI.

*Fire Training – Certification – Fire Academy – Emergency Medical Services*

Business: (603) 223-4200

Fax: (603) 271-1091

Toll Free: 1-800-371-4503

TDD Access: 1-800-735-2964

<http://www.nh.gov/safety/divisions/fstems>

The MCB wishes to warn EMS providers and medical control physicians about serious potential risks of practicing outside of protocol whether by performing MAI or any other non-protocol treatment. While it may be legal for on-line medical control physicians to order EMS providers to perform outside their protocols, there are significant dangers.

This is the legal definition of On-line medical control:

" "On-line" medical control which exists when pre-hospital providers communicate directly with a physician or the physician designee at a receiving or medical resource hospital. Such direction may be based on the personal preference of the specific on-line physician, but more ideally it is based on protocols for the management of specific problems. This physician assumes responsibility and gives orders for individual patient's care." *RSA 153-A:2.XV.b*

The language of the statute is many years old and harkens back to an earlier day when EMS was much less well established as a discipline. While there still may be very rare instances in which it is necessary to go outside of protocol for the benefit of the patient, it is important not to overestimate the frequency of this circumstance.

Note that there are major dangers when EMS providers are ordered or permitted to go outside their protocols:

1. If an on-line medical control doctor orders something that is not protocol, there is no way to assure that the EMS provider has been trained to safely perform the out-of-protocol procedure.
2. We have literature to support our protocols, a process for approval, and structured periodic review. Physicians and EMS providers would be unlikely to know at the moment when a decision must be made whether a medical control order outside of protocol has valid supporting documentation in the applicable literature
3. EMS services delivered appropriately within protocol meet a standard of care established through education and the NH patient care protocols. Procedures outside of protocol may subject both the provider and the medical control physician to liability (unless they can successfully prove that an alternative standard of care exists – and was met).

For the safety of patients, providers and medical control physicians, please take the time to discuss the contents of this memorandum with your team.

Thank you very much. As always, we would be pleased to hear from you about this or other issues.